Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	
	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed	on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Voices of the American Federation of Government Employees	09 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 80 F Street, NW	Amount
City State Zip Code	23.97
Washington DC 20001	Transaction ID : D539177 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / 17 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
GARY PETERS Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 21210.60 2014	rrsement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Voices of the American Federation of Government Employees	09 17 2014
Mailing Address 80 F Street, NW	Amount
	, modili
City State Zip Code	23.97
Washington DC 20001	Transaction ID : D539182 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 17 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
TERRI LYNN LAND Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 21210.60	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	47.94
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Elizabeth H Shuler [Electronically Filed] Date 1	0 17 2014
Signature	

Schedule E)	LNDITOTIES	PAGE 2 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
		M = M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report X N	New report Amends report file	ed on
Full Name of Payee Voices of the American Federation of Go	vernment Employees	Date of Public Distribution/Dissemination
Mailing Address 80 F Street, NW		Amount
City State	Zip Code	47.94
Washington DC	20001	Transaction ID : D537297 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / 12 / Y Y Y Y Y
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
GARY PETERS	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	21210.60 Dis 201	bursement For: Primary General Other (specify) ▶
Full Name of Payee Voices of the American Federation of Gover Mailing Address 80 F Street, NW	nment Employees	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	47.94
Washington DC	20001	Transaction ID : D537019 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District: 00
GARY PETERS	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	21210.60 Dis 20	sbursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	95.88
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exper with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
	Electronically Filed] Date	10 17 2014
Signature	_	

Schedule E)	ENT EXILE	DITORLO	PAGE 3 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
AFSCME Special Account			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1625 L Street, NW			Amount
City	State	Zip Code	34.83
Washington	DC	20036	Transaction ID: D538489 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	.,,	21210.60	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
AFSCME Special Account			09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1625 L Street, NW			Amount
City	State	Zip Code	43.53
Washington	DC	20036	Transaction ID : D538493 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement For: Primary General Q014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	lituros		78.36
(a) SOBTOTAL OF REINIZED INDEPENDENT EXPEND	iituro3		70.50
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			>
	didate or authoriz		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electr	onically Filed] Date	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
g			

Schedule E)	PAGE 4 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amer	nds report filed on M M / D D / Y Y Y Y Y Y
Full Name of Payee AFSCME Special Account	Date of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW	09 17 2014 Amount
City State Zip Code	36.57
Washington DC 20036	Transaction ID : D539187 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type	002 09 17 Y Y Y Y Y 2014
Name of Federal Candidate Su	pport Office Sought: House District: 00
TERRI LYNN LAND Op	pose President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 21210.60	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
AFSCME Special Account	09 17 2014
Mailing Address 1625 L Street, NW	Amount
City State Zip Code	42.66
Washington DC 20036	Transaction ID : D539190 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type	002 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	upport Office Sought: House District: 00
CARV DETERS	ppose President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 21210.60	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
_	
(a) SUBTOTAL of Itemized Independent Expenditures	79.23
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed]	Date 10 17 2014
Signature	

Schedule E)	LIVI EXI EIVI	SHORES	PAGE 5 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
AFSCME Special Account			09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1625 L Street, NW			Amount
City	State	Zip Code	43.02
Washington	DC	20036	Transaction ID : D538920 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
GARY PETERS		Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
AFSCME Special Account			09 16 2014
Mailing Address 1625 L Street, NW			Amount
City	State	Zip Code	54.85
Washington	DC	20036	Transaction ID : D538923 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		97.87
(a) Colored an ionized masperiating zipon			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼
Workers' Voice	C00484287
Check if 24-hour report X 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
AFSCME Special Account	olic Distribution/Dissemination
Mailing Address 1625 L Street, NW Amount	16 2014
City. Otale. 7in Oads	54.05
	54.85 n ID : D538925 bursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
GARY PETERS Oppose President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 21210.60 Other (s	Primary ⊠ General specify) ▶
AFSCME Special Account	blic Distribution/Dissemination
Mailing Address 1625 L Street, NW Amount	16 2014
City State Zip Code	35.85
Washington DC 20036 Transaction	ID: D538930 bursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	16 / Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District:00
TERRI LYNN LAND Oppose President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (Primary X General Specify)
(a) SUBTOTAL of Itemized Independent Expenditures	90.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooper with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the re party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 10 17	

Schedule E)	VI EXI EN	JITONES	PAGE 7 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	4.92
Washington	DC	20006	Transaction ID : D538936 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	21210.60	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	9.39
Washington	DC	20006	Transaction ID : D538947 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09 / 16 / Y 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, ,	21210.60	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		. ▶ 14.31
(b) CURTOTAL of Unitersized Independent Funeral	:a		
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorize		
Ms. Elizabeth H Shuler	[Electro	nically Filed] Date	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	L /(1 L (1).	101120		PAGE 8 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Workers' Voice			- [C C00484287
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Doto of	Public Distribution/Dissemination
AFL-CIO			М	Public Distribution/Dissemination 9 17 2014
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		39.38
Washington	DC	20006		ction ID: D539199 Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	M 0	9 17 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement 2014 Oth	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
AFL-CIO				09 17 2014
Mailing Address 815 - 16th Street, NW			Amount	لىنى لىا ك
City	State	Zip Code		43.85
Washington	DC	20006		tion ID: D539210 Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004		9 17 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose	Presiden	t Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , ,	21210.60	Disbursement 2014 Oth	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			· •	83.23
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· .	7 7
(c) TOTAL Independent Expenditures			>	7 7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Elizabeth H Shuler	[Electroni	ically Filed] Date		17 2014
Signature				

Schedule E)	DENT EXPEN	DITOILS	PAGE 9 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour repor	t New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			09 15 2014
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	3.29
Washington	DC	20006	Transaction ID : D538503 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 001	09 15 2014
Name of Federal Candidate		Support	Office Sought: House District:00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			09 15 / 2014
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	11.94
Washington	DC	20006	Transaction ID : D538505 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 001	09 / 15 / 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement For: Primary General 2014 General
(a) SUBTOTAL of Itemized Independent Expe	nditures		15.23
()			7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authoriz		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	ENT EXI EN	DITORILO	PAGE 10 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			09 10 2014
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	8.96
Washington	DC	20006	Transaction ID : D537031 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09 10 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			09
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	7.17
Washington	DC	20006	Transaction ID : D537156 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09 / 11 / 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		16.13
//s) CURTOTAL of Unitersized Index and art Fun	an alikuwa a		
(b) SUBTOTAL of Unitemized Independent Expo	enditures		•
(c) TOTAL Independent Expenditures			>
	ndidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electr	onically Filed] Date	10 17 2014
Olynatul C			

Schedule E)	LAPLIND	ITONES		PAGE 11 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Workers' Voice			C	000484287
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
AFL-CIO			09 /	12 / 2014
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		15.66
Washington	DC	20006	Transaction II	D: D537304 rsement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09 /	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President X	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , ,	21210.60	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
AFL-CIO			09 /	13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		6.41
Washington	DC	20006	Transaction ID Date of Disbut	: D537438 rsement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		Oppose	President >	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , ,	21210.60	Disbursement For: 2014 Other (spe	Primary ☐ General ecify) ►
(a) SUBTOTAL of Itemized Independent Expenditure:	e			22.07
(a) GOD TOTAL OF NOTINEED INTO PORTION EXPONDING			7	22.01
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres)	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	10 / 17	2014
Signature				

Schedule E)	IVI EXI EIVE	ATOTILO	<u> </u>	PAGE 12 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Workers' Voice			C co	00484287
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
AFL-CIO			09	13 / 2014
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		22.22
Washington	DC	20006	Transaction ID Date of Disburs	: D537446 ement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President X	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
AFT Solidarity 527			09	13 / 2014
Mailing Address 555 New Jersey Ave. N.W.			Amount	
City	State	Zip Code		173.95
Washington	DC	20001	Transaction ID : Date of Disburs	D537428 sement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09	13 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President X	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	21210.60	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			196.17
(1) OUDTOTAL (11 in the late of the late o	19		7	7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize			
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	10 17	2014
olynature				-

Schedule E)	ENDITORIES	PAGE 13 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report	New report Amends report fil	ed on M M / D D / Y Y Y Y Y
Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.		09 13 2014 Amount
City State	Zip Code	20.55
Washington DC	20001	Transaction ID : D537429 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 13 / 2014
Name of Federal Candidate	Support Off	fice Sought: House District: 00
TERRI LYNN LAND	X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	21210.60 Dis	sbursement For: Primary X General 14 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
AFT Solidarity 527		09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 555 New Jersey Ave. N.W.		
·		Amount
City State	Zip Code	123.30
Washington DC	20001	Transaction ID : D537316 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / 12 / Y Y Y Y
Name of Federal Candidate	X Support Of	fice Sought: House District: 00
GARY PETERS	Oppose	President X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 114 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	····	143.85
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
	Electronically Filed] Date	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	-	

Schedule E)	El Olli Ol INDE	ENDENT EXTENT	on one o		PAGE 14 OF 35 FOR SE OF FORM 24/48
NAME OF COMMIT					FEC IDENTIFICATION NUMBER ▼
Workers' Voi	ce				C C00484287
Check if 24-ho	ur report X 48-hour r	eport New re	port Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Pa					of Public Distribution/Dissemination
Mailing Address	5 555 New Jersey Ave. N.	W.		Amou	09 11 2014 nt
City		State	Zip Code		164.40
Washington Purpose of Exp	enditure	DC	20001 Category/	Date	action ID: D537167 of Disbursement or Obligation
InKind Staff Name of Federa	al Candidata		Type 001		09 11 2014
GARY PETERS			Support Oppose	Office Sough	
	ear-To-Date for Office Sought		21210.60	Disbursemen 2014 O	t For: Primary
Full Name of PAFT Solida Mailing Address	rity 527	N.W.			of Public Distribution/Dissemination 09
City Washington		State DC	Zip Code 20001		41.10 action ID : D537034 of Disbursement or Obligation
Purpose of Exp InKind Staff	penditure		Category/ Type 001		09 10 2014
Name of Feder			Support Oppose	Office Sough	M
	/ear-To-Date on for Office Sought		21210.60	Disbursemer 2014	
(a) SUBTOTAL	of Itemized Independent E	Expenditures		· ·	205.50
(b) SUBTOTAL	of Unitemized Independer	nt Expenditures		·· •	
(c) TOTAL Indep	pendent Expenditures				
with, or at the re		ny candidate or authorize			cooperation, consultation, or concert the reporting entity is not a political
Ms. Signature	Elizabeth H Shuler	[Electro	onically Filed] Date	e 10	17 / 2014

Schedule E)				PAGE 15 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
			M M	
Check if 24-hour report X 48-	hour report New re	port Amends repo	ort filed on	
Full Name of Payee AFT Solidarity 527				c Distribution/Dissemination
•			09	15 / 2014
Mailing Address 555 New Jersey A	ve. N.W.		Amount	
City	State	Zip Code		45.88
Washington	DC	20001	Transaction Date of Disbu	ID: D538513 ursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M 09	15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose		Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee				ic Distribution/Dissemination
AFT Solidarity 527			M = M	/ D D / Y Y Y Y
Mailing Address 555 New Jersey	, Δνο N W		09	15 2014
5 333 New Jeise	Ave. N.W.		Amount	
City	State	Zip Code		45.88
Washington	DC	20001	Transaction II Date of Disb	D: D538514 ursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M 09	15 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sough		21210.60	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Indepen	dent Expenditures		•	91.76
(b) SUBTOTAL of Unitemized Indep	pendent Expenditures			
				45
(c) TOTAL Independent Expenditure	es		>	1 1 7 1 1 7 1
Under penalty of perjury I certify th with, or at the request or suggestion party committee) any political party	n of, any candidate or authorize			
Ms. Elizabeth H Shuler	[Electro	nically Filed] Date	10 17	/ Y Y Y Y Y Y 2014
Signature				

Schedule E)	I EXI END	ITORES		PAGE 16 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
AFT Solidarity 527			09	17 / 2014
Mailing Address 555 New Jersey Ave. N.W.			Amount	
City	State	Zip Code		71.20
Washington	DC	20001	Transaction I	D: D539216 rsement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09	17 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President >	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	21210.60	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
AFT Solidarity 527			09	17 / 2014
Mailing Address 555 New Jersey Ave. N.W.			Amount	
City	State	Zip Code		41.10
Washington	DC	20001	Transaction ID Date of Disbu	D: D539218 ursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose	President >	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	21210.60	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	əs			112.30
				7 7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 17	2014
Signature				

Schedule E)	NOCIVI EXI EN	ON ONES	PAGE 17 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour rep	port New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
AFT Solidarity 527			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 555 New Jersey Ave. N.W.			Amount
City	State	Zip Code	20.55
Washington	DC	20001	Transaction ID : D538949 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 16 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	,	21210.60	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
AFT Solidarity 527			09 16 2014
Mailing Address 555 New Jersey Ave. N	W.		Amount
City	State	Zip Code	50.65
Washington	DC	20001	Transaction ID : D538952 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 16 / Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	penditures		71.20
,	•		7 7
(b) SUBTOTAL of Unitemized Independent	Expenditures		•
(c) TOTAL Independent Expenditures			
	candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	10 17 2014
- griataro			

Schedule E)	DENT EXTEN	51101120	PAGE 18 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour repo	ort New re	eport Amends repo	rt filed on
Full Name of Payee UFCW Int'l Union Working Fai	milies Advocacy	y Project	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			09 16 2014 Amount
City	State	Zip Code	59.28
Washington	DC	20006-1598	Transaction ID : D538956 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	,,	21210.60	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee UFCW Int'l Union Working Famil	ies Advocacy Pı	roject	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			09 16 2014 Amount
City	State	Zip Code	27.34
Washington	DC	20006-1598	Transaction ID : D538959 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 16 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Exp	enditures		86.62
(b) SUBTOTAL of Unitemized Independent E	xpenditures		·
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
	candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	ADEITI EXI EIT	DITORLO	PAGE 19 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour repo	ort New re	eport Amends repo	rt filed on
Full Name of Payee UFCW Int'l Union Working Fai	milies Advocac	y Project	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			09 17 2014 Amount
City	State	Zip Code	108.95
Washington	DC	20006-1598	Transaction ID : D539222 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	,,	21210.60	Disbursement For:
Full Name of Payee		. ,	Date of Public Distribution/Dissemination
UFCW Int'l Union Working Fami	lies Advocacy P	roject	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1775 K Street, NW			Amount
City	State	Zip Code	140.89
Washington	DC	20006-1598	Transaction ID : D539223 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement For: Primary General General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Exp	enditures		249.84
(b) SUBTOTAL of Unitemized Independent E	Expenditures		
(,,	P • • • • • • • • • • • • • • • • • • •		7 7 7
(c) TOTAL Independent Expenditures			>
	candidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Oig.ia.a.o			

Schedule E)	OENT EXTEN	DITORLO	PAGE 20 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	ort New re	eport Amends repo	t filed on
Full Name of Payee UFCW Int'l Union Working Fai	milies Advocac	y Project	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1775 K Street, NW			Amount
City	State	Zip Code	115.24
Washington	DC	20006-1598	Transaction ID : D538516 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / D D / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	,	21210.60	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
UFCW Int'l Union Working Famil	lies Advocacy P	roject	09 / D D / Y Y Y Y Y Y 15 2014
Mailing Address 1775 K Street, NW			Amount
City	State	Zip Code	221.48
Washington	DC	20006-1598	Transaction ID : D538517 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / D D / Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement For:
(a) SUBTOTAL of Itemized Independent Exp	enditures		336.72
(1) OUDTOTAL (11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(b) SUBTOTAL of Unitemized Independent E	expenditures		•
(c) TOTAL Independent Expenditures			>
	candidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LXI LIIDI	TOTILO		PAGE 21 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y = Y
Full Name of Payee UFCW Int'l Union Working Families Ac	dvocacy	Project		of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			Amou	09 10 2014 nt
City St	tate	Zip Code	— r	82.95
	DC	20006-1598		action ID : D537037 of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
GARY PETERS		Oppose	Preside	NAI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursemen 2014 O	t For: Primary
Full Name of Payee		. ,	Date	of Public Distribution/Dissemination
UFCW Int'l Union Working Families Advo	ocacy Pro	ject	TV	09 11 2014
Mailing Address 1775 K Street, NW				
			Amou	nt
City	tate	Zip Code		39.80
Washington I Purpose of Expenditure	DC	20006-1598		oction ID : D537168 of Disbursement or Obligation
InKind Staff		Category/ Type 001		09 / 11 / 2014
Name of Federal Candidate		X Support	Office Sough	it: House District: 00
GARY PETERS		Oppose	Preside	ent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursemen 2014	ther (specify) ►
				, , , , , , , , , , , , , , , , , , , ,
(a) SUBTOTAL of Itemized Independent Expenditures			•	122.75
(b) SUBTOTAL of Unitemized Independent Expenditures	S			
(c) TOTAL Independent Expenditures			· [7
Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate comparty committee) any political party committee or its age	or authorized			
Ms. Elizabeth H Shuler	[Electroni	cally Filed] Date	10	17 2014
Signature				

Schedule E)	LIVOLIVI EXI ENO.	TOTILO		PAGE 22 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report X 48-hou	ur report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee UFCW Int'l Union Working	Families Advocacy	Project	M = M	olic Distribution/Dissemination
Mailing Address 1775 K Street, NW			Amount	12 2014
City	State	Zip Code		275.01
Washington	DC	20006-1598		n ID : D537318 bursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M M 09	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement For: 2014 Other (s	Primary ⊠ General Specify) ▶
Full Name of Payee UFCW Int'l Union Working F Mailing Address 1775 K Street, NW		ject	Amount	olic Distribution/Dissemination
City	State	Zip Code		194.87
Washington	DC	20006-1598		ID: D537425 bursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09	13 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	,	21210.60	Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independen	nt Expenditures		· •	469.88
(b) SUBTOTAL of Unitemized Indepen	dent Expenditures		· •	
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the with, or at the request or suggestion of party committee) any political party committee.	f, any candidate or authorized			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	10 / 17	
Signature				

Schedule E)	0		JII OI LO		PAGE 23 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice					C C00484287
Check if 24-hour rep	ort X 48-hour report	New re	port Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Payee UFCW Int'l Un	ion Working Familie	es Advocacy	/ Project		of Public Distribution/Dissemination
Mailing Address 1775	K Street, NW			Amou	09 13 2014 nt
City		State	Zip Code		18.88
Washington		DC	20006-1598		action ID : D537427 of Disbursement or Obligation
Purpose of Expenditu InKind Staff	re		Category/ Type 001		09 / 13 / 2014
Name of Federal Can	didate		Support	Office Sough	t: House District: 00
TERRI LYNN LAND			X Oppose	Preside	
Calendar Year-To Per Election for (-	21210.60	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Mailing Address	AFL-CIO General Fu				of Public Distribution/Dissemination 09
City		State	Zip Code		60.46
Lansing		MI	48933		ction ID: D537173 of Disbursement or Obligation
Purpose of Expenditu InKind Staff	re		Category/ Type 001		09 / 11 / 2014
Name of Federal Car	didate		X Support	Office Sough	t: House District:00
GARY PETERS			Oppose	Preside	ent Senate State: MI
Calendar Year-To Per Election for			21210.60	Disbursemen 2014	t For: Primary X General
(a) SUBTOTAL of Item	nized Independent Expendit	ures			79.34
(b) SUBTOTAL of Unit	temized Independent Exper	nditures			7 1 7 1 7
(c) TOTAL Independer	nt Expenditures			· •	7 7 7
with, or at the request		idate or authorize			cooperation, consultation, or concert the reporting entity is not a political
	eth H Shuler	[Electro	onically Filed] Date	e 10	17 2014
Signature					

Sch	nedule E)		1101120		PAGE 24 OF 35 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	orkers' Voice				C C00484287
Chec	ck if 24-hour report X 48-hour report	New rep	port Amends repo		= M / D = D / Y = Y = Y = Y
	Full Name of Payee Michigan State AFL-CIO Genera	al Fund			of Public Distribution/Dissemination
N	Mailing Address 419 Washington Square, S. #20	:00		Amou	09 10 2014
- 1	City Lansing	State MI	Zip Code 48933		60.46 Figure 2 Chilipping
	Purpose of Expenditure InKind Staff		Category/ Type 001		of Disbursement or Obligation 1009 10 2014
1	Name of Federal Candidate			Office Sough	it: House District: 00
	GARY PETERS		Oppose	Preside	Tiodoc Biotriot.
	Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursemen 2014 O	t For: Primary ⊠ General
	Retail, Wholesale and Department Store Mailing Address 30 E29th St.	Union Internation Union Intern	onal Treasury Accou	Amou	09 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code		21.38
	New York	NY	10016		oction ID : D539230 of Disbursement or Obligation
'	Purpose of Expenditure InKind Staff		Category/ Type 001		09 / 17 / 2014
Ī	Name of Federal Candidate		Support	Office Sough	nt: House District:00
	TERRI LYNN LAND		Oppose	Preside	ent Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursemen 2014	nt For:
(a	a) SUBTOTAL of Itemized Independent Expend	ditures			81.84
(b	b) SUBTOTAL of Unitemized Independent Expe	enditures		· • [
(c	c) TOTAL Independent Expenditures			· [7.1.7.1.4.1
wi	nder penalty of perjury I certify that the indeperith, or at the request or suggestion of, any can arty committee) any political party committee or	ndidate or authorized			
	Ms. Elizabeth H Shuler	[Electroi	nically Filed] Date	e 10	17 2014
	Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼
AAOIVEI2 AOICE	C C00484287
Check if 24-hour report X 48-hour report New report Amends report	rt filed on
Full Name of Payee Retail, Wholesale and Department Store Union International Treasury Accoun	Date of Public Distribution/Dissemination
	09 17 2014
Mailing Address 30 E29th St.	Amount
City State Zip Code	21.38
New York NY 10016	Transaction ID: D539232 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
GARY PETERS Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
Full Name of Payee Retail, Wholesale and Department Store Union International Treasury Account Mailing Address 30 E29th St.	nt Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Amount
City State Zip Code	32.16
New York NY 10016	Transaction ID : D538963 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
GARY PETERS Oppose	President X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 21210.60	Disbursement For: Primary General 2014
(a) SUBTOTAL of Itemized Independent Expenditures	53.54
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE

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OF

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Sch	edule E)	ERT EXTERN	ATOTILO		PAGE 26 OF 35 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
VVC	orkers' Voice				C C00484287
Chec	ck if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
TF	Full Name of Payee Retail, Wholesale and Department Store	e Union Internatio	onal Treasury Accour	nt m	f Public Distribution/Dissemination
N	Mailing Address 30 E29th St.			Amoun	09 16 2014 t
	Dity	State	Zip Code		32.16
	New York	NY	10016		action ID : D538964 f Disbursement or Obligation
	Purpose of Expenditure InKind Staff		Category/ Type 001	М	09 16 / 2014
N	Name of Federal Candidate		Support	Office Sought	: House District: 00
Ŀ	TERRI LYNN LAND		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement 2014 Ot	For: Primary
	Full Name of Payee Retail, Wholesale and Department Stor Mailing Address 30 E29th St.	e Union Internation	onal Treasury Accou	unt M	of Public Distribution/Dissemination 10
	City	State	Zip Code		42.77
	New York	NY	10016		ction ID: D537046 f Disbursement or Obligation
_	Purpose of Expenditure InKind Staff		Category/ Type 001	М	09 / D D / Y Y Y Y Y Y
- 1	Name of Federal Candidate		X Support	Office Sought	: House District: 00
	GARY PETERS		Oppose	Preside	nt Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement 2014 Ot	For: Primary
(a) SUBTOTAL of Itemized Independent Expendent	ditures			74.93
(b	SUBTOTAL of Unitemized Independent Exp	enditures			7 7 7
(c	e) TOTAL Independent Expenditures			•	
wit	nder penalty of perjury I certify that the indep th, or at the request or suggestion of, any car arty committee) any political party committee o	ndidate or authorize			
	Ms. Elizabeth H Shuler	[Electro	nically Filed] Date	10 /	17 / Y = Y = Y = Y = Y
	Signature				

Schedule E)		1101120		PAGE 27 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour report	ort New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Retail, Wholesale and Department Sto	ore Union Internation	nal Treasury Accour	nt M M M	lic Distribution/Dissemination
Mailing Address 30 E29th St.			Amount	11 2014
City	State	Zip Code		64.32
New York	NY	10016		ID: D537179 bursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09	11 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement For: 2014 Other (s	Primary
Retail, Wholesale and Department St Mailing Address 30 E29th St.	ore union internation	nai Treasury Accou	Amount	/ 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code		64.32
New York	NY	10016	Transaction Date of Disk	ID: D537328 oursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M 09 M	12 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	,,	21210.60	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
(a) SUBTOTAL of Itemized Independent Exp	enditures		. >	128.64
(b) SUBTOTAL of Unitemized Independent E	expenditures		· >	4
(c) TOTAL Independent Expenditures)	4
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Elizabeth H Shuler	[Electro1	nically Filed] Date	10 17	2014
Signature				

Schedule	E)				PAGE 28 OF 35 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers	s' Voice				C C00484287
Check if	24-hour report X 48-hour re	eport New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Nam Retail,	ne of Payee , Wholesale and Department	Store Union Internation	nal Treasury Accour	nt	of Public Distribution/Dissemination
Mailing /	Address 30 E29th St.			Amour	09 13 2014 nt
City		State	Zip Code		21.38
New Yo	ork	NY	10016		action ID : D537411 of Disbursement or Obligation
Purpose InKind S	of Expenditure Staff		Category/ Type 001	М	09 / 13 / 2014
Name of	f Federal Candidate		X Support	Office Sought	t: House District: 00
GARY F	PETERS		Oppose	Preside	NAI NAI
	lendar Year-To-Date r Election for Office Sought	7 7	21210.60	Disbursement 2014 Ot	t For: Primary
Mailing A	, Wholesale and Department Address 30 E29th St.	Store Official Internation	Tidi Tiedsury Accoun	M	09 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code		21.38
New Yo	-	NY	10016		ction ID : D537414 of Disbursement or Obligation
Purpose InKind (e of Expenditure Staff		Category/ Type 001	M	09 / 13 / 2014
	f Federal Candidate		Support	Office Sought	t: House District: 00
TERRII	LYNN LAND		X Oppose	Preside	
	lendar Year-To-Date r Election for Office Sought		21210.60	Disbursement 2014 Ot	t For: Primary X General ther (specify) ▶
(a) SUB1	TOTAL of Itemized Independent E	expenditures		•	42.76
(b) SUBT	TOTAL of Unitemized Independen	t Expenditures			
(c) TOTA	AL Independent Expenditures			.	
with, or a		ny candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	10	17 2014
Signat	ure				

Schedule E)	IN EXILIE	TIONES		PAGE 29 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
EGT Printing Solutions, LLC			M 0	
Mailing Address 32031 Townley			Amount	
City	State	Zip Code	-	2391.34
Madison Heights	MI	48071		ction ID : D536997 Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	0	9 12 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose	Presiden	t Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	-, -,	21210.60	Disbursement I 2014 Oth	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
EGT Printing Solutions, LLC			O	9 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 32031 Townley			Amount	
City	State	Zip Code		1580.97
Madison Heights	MI	48071		tion ID : D536998 Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	M 0	9 / 12 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7	21210.60	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expendit	ures			3972.31
				7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	7 7
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candiparty committee) any political party committee or	idate or authorize			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date		17 / 2014
S.g.lataro				

Sch	nedule E)	11 haire -					PAGE 30 OF 35 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	orkers' Voice					С	C00484287
Ched	ck if 24-hour report X 48-hour report	New repo	ort Am	ends repo	rt filed on	M = M /	/ D = D / Y = Y = Y
I	Full Name of Payee EGT Printing Solutions, LLC				Dat	e of Public	c Distribution/Dissemination
1	Mailing Address 32031 Townley				Am	09 ount	12 2014
	City State		Zin Codo				1590.07
	City State Madison Heights MI		Zip Code 48071				1580.97 ID: D536999 ursement or Obligation
	Purpose of Expenditure Fliers		Category/ Type	004		M M 09	12 / 2014
	Name of Federal Candidate			Support	Office Sou	aht:	House District: 00
	TERRI LYNN LAND			Oppose			X Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought		21210.60		Disbursem 2014	ent For: Other (sp	Primary
	Full Name of Payee AFSCME for Michigan Mailing Address 1625 L Street, NW				Dat	e of Publi	ic Distribution/Dissemination
	1023 L Street, INVV				Am	ount	
	City State Washington DC		Zip Code 20036				117.10 D: D539234 ursement or Obligation
	Purpose of Expenditure InKind Staff		Category/ Type	001		M 09	17 / 2014
	Name of Federal Candidate		<u> </u>	Support	Office Sou	ıght:	House District: 00
	GARY PETERS			Oppose	Pres	sident	Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought		21210.60		Disbursem 2014	ent For: Other (sp	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures				•		1698.07
(t	b) SUBTOTAL of Unitemized Independent Expenditures						
(0	c) TOTAL Independent Expenditures				•		1 1 7 1 1 7 1
W	Inder penalty of perjury I certify that the independent expirith, or at the request or suggestion of, any candidate or a arty committee) any political party committee or its agent.	authorized					
		[Electron	nically Filed]	Date	M = M 10	/ 17	2014
	Signature						

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
		G coordinate
Check if 24-hour report X 48-hour report New report	Amends report filed or	1 M = M / D = D / Y = Y = Y
Full Name of Payee AFSCME for Michigan	Г	Date of Public Distribution/Dissemination
		09 17 2014
Mailing Address 1625 L Street, NW	A	Amount
City State Zip	Code	117.10
Washington DC 200		ransaction ID : D539236 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	tegory/ Type 001	09 17 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
TERRI LYNN LAND	Oppose Pt	resident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 2121	Disburse 2014	ement For: Primary X General Other (specify) ▶
Full Name of Payee Michigan Nurses Association Conoral Association	[Date of Public Distribution/Dissemination
Michigan Nurses Association General Account		09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2310 Jolly Oak Road	A	Amount
City State Zip	Code	9.42
Okemos MI 488		ransaction ID : D538967 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	tegory/ Type 001	09 / 16 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
GARY PETERS	Oppose P	resident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	. [126.52
(a) CODIONIZ OF ROMESO MOSPORION Experior and Commission and Commi		7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	· [
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.		•
Ms. Elizabeth H Shuler [Electronically	Filed] Date 10	17 2014
Signature		

Schedule	E)	I EXI END			PAGE 32 OF 35 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Worker	s' Voice				C C00484287
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	* M / D = D / Y = Y = Y
	me of Payee igan Nurses Association Gene	ral Account	t		of Public Distribution/Dissemination
Mailing	Address 2310 Jolly Oak Road			Amour	09 16 2014 nt
City		State	Zip Code		9.42
City Okemo	os	MI	48864		9.42 action ID : D538969 of Disbursement or Obligation
Purpose InKind	e of Expenditure Staff		Category/ Type 001		09 16 / 2014
Name o	of Federal Candidate		Support	Office Sought	t: House District: 00
TERRI	LYNN LAND		X Oppose	Preside	
	llendar Year-To-Date r Election for Office Sought	7 7	21210.60	Disbursement 2014 Ot	t For:
	me of Payee / Works				of Public Distribution/Dissemination
Mailing	Address FIVE GATEWAY CENTER			Amou	09 17 2014 nt
City		State	Zip Code		445.00
Pittsbu	ırgh	PA	15222		ction ID : D539137 of Disbursement or Obligation
Purpose InKind	e of Expenditure Staff		Category/ Type 001	М	09 17 2014
	of Federal Candidate		X Support	Office Sough	t: House District:00
GARY	PETERS		Oppose	Preside	ent Senate State: MI
	alendar Year-To-Date or Election for Office Sought	7	21210.60	Disbursement 2014 Or	t For:
(a) SUB	TOTAL of Itemized Independent Expenditure	es			454.42
(b) SUB	TOTAL of Unitemized Independent Expendit	tures			
(c) TOTA	AL Independent Expenditures			· [7 7 7
with, or a	enalty of perjury I certify that the independent the request or suggestion of, any candida mmittee) any political party committee or its	ate or authorized			
_	Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	10 /	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signa	ture		_		

Schedule E)	PAGE 33 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Ame	ends report filed on M M / D D / Y Y Y Y Y
Full Name of Payee USW Works	Date of Public Distribution/Dissemination
Mailing Address FIVE GATEWAY CENTER	09 17 2014 Amount
City State Zip Code	36.10
Pittsburgh PA 15222	Transaction ID : D539147 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type	002 09 17 2014
Name of Federal Candidate	upport Office Sought: House District: 00
TERRUYANIA	ppose President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 21210.60	Disbursement For: Primary
Full Name of Payee USW Works	Date of Public Distribution/Dissemination
Mailing Address FIVE GATEWAY CENTER	09 17 2014 Amount
City State Zip Code Pittsburgh PA 15222	194.88 Transaction ID : D539161 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type	002 09 17 2014
Name of Federal Candidate	upport Office Sought: House District: 00
CADV DETEDS	ppose President X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 21210.60	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	230.98
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed]	Date 10 17 2014
Signature	

Schedule E)	INT EXI END	JITONES	PAGE 34 OF 35 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
USW Works			09 / 15 / 2014
Mailing Address FIVE GATEWAY CENTER			Amount
City	State	Zip Code	445.00
Pittsburgh	PA	15222	Transaction ID : D538467 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District:00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
USW Works			09 13 2014
Mailing Address FIVE GATEWAY CENTER			Amount
City	State	Zip Code	405.96
Pittsburgh	PA	15222	Transaction ID : D537491 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 13 / Y 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		. ▶ 850.96
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	10 17 2014
Signature			

Sche	dule E)	EXI EIID			PAGE 35 OF 35 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	kers' Voice				C C00484287
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Ful	II Name of Payee ISW Works				Public Distribution/Dissemination
Ма	illing Address FIVE GATEWAY CENTER			Amoun	09 13 2014 t
Cit	v.	State	Zip Code		39.04
	y ttsburgh	PA	15222		ction ID: D537493 f Disbursement or Obligation
	rpose of Expenditure Kind Staff		Category/ Type 001	M	09 13 2014
Na	me of Federal Candidate		Support	Office Sought	House District: 00
TE	ERRI LYNN LAND		X Oppose	Preside	NAI NAI
	Calendar Year-To-Date Per Election for Office Sought		21210.60	Disbursement 2014 Ott	For: Primary X General ner (specify) ▶
	II Name of Payee ISW Works				f Public Distribution/Dissemination
Ma	ailing Address FIVE GATEWAY CENTER			<u> </u>	09 16 2014
				Amour	
Cit Pi	ty ittsburgh	State PA	Zip Code 15222		445.00 etion ID : D538880
	rpose of Expenditure Kind Staff		Category/ Type 001	М	f Disbursement or Obligation
Na	ame of Federal Candidate		X Support	Office Sought	: House District:00
G/	ARY PETERS		Oppose	Preside	nt Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought	, , ,	21210.60	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditure:	S			484.04
(b)	SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c)	TOTAL Independent Expenditures				11005.89
with,	er penalty of perjury I certify that the independer , or at the request or suggestion of, any candidat y committee) any political party committee or its a	te or authorized			
	Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	M = M / 10	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5	Signature				